

Electronic Systems Test Laboratory (ESTL) Test Request Worksheet

This worksheet will facilitate the development of a cost and schedule estimate for utilizing the ESTL. Please complete this form and submit to the ESTL Laboratory Manager, andy.romero-1@nasa.gov

Test Requester Information

Test Article Expert:	Contact Information (Phone, Email, Address):

Test Objectives

Purpose of Test:	
Proposed Start Date:	Critical Start Date:

Test Article

Test Article Description:	
Physical Dimensions (L/W/H):	
Weight::	Setup Time:
Support/Ancillary Equipment provided by requester:	

Test Article Handling Requirements

Cleanliness Level:	Controlled Access:
Electrostatic Discharge (ESD) Requirements:	
Special Moving/Handling:	

Power Requirements

Input Voltage Type (A.C., D.C., Both):	Input Voltage Requirement (Volts):	
Input Power (Watts or Amps):	Number of Power Connections:	Power Phase:

Test Environment

Complete the Test Environment table below or include your desired acoustic profile as an attachment

1/1 Octave Band (Hz)										
Sound Pressure Level	31.5	63	125	250	500	1000	2000	4000	8000	16000

Weighting			
A	B	C	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1/3 Octave Band (Hz)										
Sound Pressure Level	31.5	40	50	63	80	100	125	160	200	250
	315	400	500	630	800	1k	1.25k	1.6k	2k	2.5k
	3.15k	4k	5k	6.3k	8k	10k	12.5k	16k		

Weighting			
A	B	C	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Requirements

Test Article Interface (support structure, connectors, etc.):

Specification(s) to be met:

Instrumentation

Instrumentation Provided by Test Requester:

List the primary measurements to be made (frequency, sound pressure level, sound transmission loss):

Data Acquisition and Recording

Number of Channels:

Audio/Video Recording (Yes/No):

Sampling Rates:

Photographic Film (Yes/No):

Real Time Data Processing (Yes/No):

High Speed/Low Speed:

Test Article Hazard Checklist

(A hazard analysis statement is required for any of the following applicable attributes of any of your provided hardware (test article, support equipment, etc.)

Hazard	Y	N	Comments
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	
Handling (> 40 lbs. Or > 4 ft., any dimension)	<input type="checkbox"/>	<input type="checkbox"/>	
Instability	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp Edges	<input type="checkbox"/>	<input type="checkbox"/>	
Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed mechanisms (rotating, reciprocating, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Systems	<input type="checkbox"/>	<input type="checkbox"/>	
Stored energy (springs, weights, flywheels, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Ejected parts, projectiles	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Voltage (> 50 volts)	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	
Generation/storage (coils, magnets, capacitors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Electro-static sensitive devices	<input type="checkbox"/>	<input type="checkbox"/>	
Thermal	<input type="checkbox"/>	<input type="checkbox"/>	
Hot surfaces (> 113° F, 45° C)	<input type="checkbox"/>	<input type="checkbox"/>	
Heaters	<input type="checkbox"/>	<input type="checkbox"/>	
Cold surfaces (< 39° F, 4° C)	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling devices	<input type="checkbox"/>	<input type="checkbox"/>	

Hazard	Y	N	Comments
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	
Ionizing	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Ionizing	<input type="checkbox"/>	<input type="checkbox"/>	
Laser	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	
Infrared (IR)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet (UV)	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Frequency (RF)	<input type="checkbox"/>	<input type="checkbox"/>	
Visible light, high intensity	<input type="checkbox"/>	<input type="checkbox"/>	
Material	<input type="checkbox"/>	<input type="checkbox"/>	
Uncontained brittle materials	<input type="checkbox"/>	<input type="checkbox"/>	
Test environment incompatibility	<input type="checkbox"/>	<input type="checkbox"/>	
Contained fluids	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic, corrosive, flammable fluids	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	
Noise level (> 85 dBA)	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasonic	<input type="checkbox"/>	<input type="checkbox"/>	